Dental students' perceptions of learning communication skills in a forum theatre-style teaching session on breaking bad news

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Abstract

Introduction: Communication skills are an integral component of dental undergraduate education. Due to the complex nature of these skills, didactic teaching methods used in other educational contexts can be limited. Interactive and participative methods rooted in modern adult learning theories, such as Forum Theatre, may be more effective in the teaching of communication skills.

Aim: To explore the usefulness of Forum Theatre in teaching clinical undergraduate dental students how to break bad news to their patients.

Methods: A purposive sample of 4th year undergraduate dental students was invited to participate. An evaluation questionnaire was given to the students, and collected after the Forum Theatre interactive session. Participants were asked to provide self-reported accounts on the most and least useful parts of the session, as well as the most important learning outcome. Usefulness of the session in clinical work, increasing confidence and ability in breaking bad news, were evaluated via a 5-point Likert-scale type question. Qualitative data was analysed using Framework Analysis to explore the themes found in the open-text component. Descriptive statistics were used to analyse the Likert-scale items.

Results: One hundred and fifteen completed questionnaires were collected from the 2015 and 2016 classes. Most students gave the Forum Theatre session a rating of 3 or above on a 5 point Likert scale; indicating that they found it useful. Qualitative results also showed that most participants liked the teaching session thanks to its interactive nature, the use of actors and the input of the facilitators. The majority of students showed preference toward smaller groups which give everyone equal opportunity to participate without unnecessary repetition.

Conclusion: The results seem to confirm previous findings. Students rated their learning experience involving Forum Theatre favourably. Smaller groups and trained facilitators are required for the success of this teaching method. Further research is needed to assess the long-term educational benefits of Forum Theatre.

Introduction

It has been acknowledged that communication is an important part of healthcare services, and therefore should be treated as such in healthcare education as well (1,2). Dental professionals are required to demonstrate fitness to practice prior to their registration and hence good communication is vital if best practice is to be achieved (3,4). Adverse outcomes resulting from ineffective communication can have negative consequences on the well-being of both the patient and the clinician (5,6). Effective communication assists in promoting behavioural change (7-9), which in turn results in positive health outcomes and satisfaction, for the patient (6,7), as well as members of the healthcare team (8,9). Regulating underlying emotional responses in difficult conversations (e.g. breaking bad news) is a critical skill in medical education (1). Empathy is known to decrease over the course of medical education which may discourage practitioners from examining the patients' psychosocial states, beliefs and attitudes (10). Dental patients are appreciative of healthcare team members who make the effort to provide emotional support through authentic and empathic communication (11-14). Communication is also an integral part of professionalism in healthcare; a meta-skill that, according to what the most current literature suggests, can be learned and evaluated (15-17). Research done in this area concludes that not only communication skills are highly varied among individuals depending on personal views, beliefs and attitudes, but also require contextual and situational awareness as treatment should be done on a case-by-case basis (18).

Currently, there are different teaching methods used in learning communication skills, such as role play and its different variations. Forum Theatre (FT) is considered as a format of interactive and participatory role play in which a scene is performed where one of the characters is being treated in a non-ideal way (19). The audience is invited to take part by 'freezing' the action and suggesting alternatives which may result in a positive conclusion to the scene. According to Paulo Freire, active participation in problem-based learning can achieve the emotional competence required for effective communication and deep understanding (20). This reflects

Knowels' opinion that the learner's autonomy to self-direct his or her learning goals makes them more in control of the process and thus leads to contextualization of knowledge as well as critical thinking (21). Therefore, in order for students to engage in conscious reflection (i.e. critical consciousness), they must be provided with a simulation learning experience which is difficult to create in a regular teaching session.

Although this method has been in use in healthcare education for a considerable amount of time, little has been published on its implementation in dental settings. The aim of this study was to explore dental students' perceptions of a single FT teaching session on complex communication skills within the context of breaking bad news.

Methods

Participants

A purposive sample of 4th year undergraduate dental students was invited to participate. The participants were University of Dundee 4th year BDS students; classes of 2015 (n=66) and 2016 (n=62). The 2015 class consisted of 66 students who all participated in the teaching session as a single group. The 2016 class consisted of 62 students, 51 of whom attended the session and were divided into two smaller groups. It should be noted that this instance was not the first or only time the participants were introduced to communication skills in their curriculum. Their previous learning experience in this area started in the second year, where they were given lectures covering basic communication skills, and were introduced to role play as a simulation method for learning such skills (e.g. history taking). In the third year, they were required, under supervision, to carry out a one-on-one behavioural change intervention with their patients and had to write a reflective essay on the experience. Additionally, as part of the 4th BDS degree examination, they have a multi station OSCE exam in which communications skills are assessed by having actors play the role of an anxious or angry patient, or someone they have to break bad news to.

Procedure

For the purpose of this FT session, two actors and two facilitators were used. The actors, one playing the role of a dentist and the other acting as a patient, were given a scenario of a clinical situation in which breaking bad news is done in a poor manner. As commonly done in FT, the first enactment showed the dentist communicating badly with the patient. Poor communication was demonstrated through not showing care or empathy towards the patient, not listening carefully, explaining information hurriedly and using medical jargon without checking the patient's understanding.

The students watched the scene and wrote down their observations as it happened. At the end of the scene, the facilitators engaged the students in a discussion on what was done wrong or what they did not like about the interaction. The scene was replayed a second time and the students were instructed that they could stop the action (i.e. freeze) at any point of the interaction if they felt it was not appropriate. They would then have to tell the actor playing the role of the dentist what to say or how to act according to what they perceive as good communication in order to make the scene conclude in a positive way. The actors would improvise using the students' suggestions to demonstrate how the scene might play out as a result. Finally, the scene was replayed once more with the students' suggestions implemented.

The role of the facilitators was to give an introduction, engage students in discussion as well as provoke openness together with mutual learning, questioning and reflection on how to break bad news. They provided encouragement and support to the participants in order to allow them to bring their own knowledge and share it with the group. The session took place in a large lecture theatre.

Data collection

A group-administered questionnaire entitled, "Evaluation of Forum Theatre for Teaching Communication Skills" was used. It consisted of five items; three free-text questions, one (three-item) Likert scale-like question and a gender question. In the open-text section, the students were asked about (a) what they liked most about the session, (b) what they liked least/what they would do differently next time, and (c) what the most important thing they learned was. The following item was a Likert-type question measuring the impact and usefulness of the session in three areas, on a scale ranging from 1 to 5; 1 being (not useful at all) and 5 being (very useful). These areas included "usefulness in clinical work", "increased confidence" and "ability

to break bad news to patients", respectively. The last item was a simple question asking the students to specify their gender.

Data analysis

With the exception of the free-text component, all data for both years was entered and compiled into one database using SPSS Statistics version 20 (IBM Corporation, Armonk, NY, USA). Descriptive statistics were used to demonstrate the numbers of participants as well as the proportions of males and females. The mean, median, standard deviation and range of values of participants' Likert-scale ratings were used to present the distribution of participants' scores for perceived usefulness of the FT session. Framework analysis was undertaken to gain insight into the students' perspectives regarding the use of FT as a teaching method by analysing their self-reported, free-text written answers to the questionnaire.

Results

In total, there were 128 4th year dental undergraduate students; 66 in 2015 and 62 in 2016 (Fig. 1). The 2015 class was present in full during the session, and 66 out of 66 questionnaire booklets were collected afterwards. The 2016 class consisted of 62 students, 51 of whom attended the session and only 49 of those submitted their questionnaire booklets at the end. The total number of completed feedback booklets obtained in both years was 115 (i.e. 90% of students of both years). Of those 115 who returned the questionnaires, there were 34 males (30%) and 75 females (65%). Six students (5%) did not specify their gender (Table 1).

Students' responses to the questions using 5-point Likert scale

In terms of usefulness of the FT session, mean scores were on the higher end of the Likert scale for the three items (Table 2). Namely, usefulness in clinical work (mean: 4.26; SD: 0.79), followed by usefulness in increasing confidence in breaking bad news (mean: 4.16; SD: 0.78), and finally usefulness in increasing ability in breaking bad news (mean: 4.06; SD: 0.88).

Students' responses to open questions: framework analysis

Multiple themes emerged from analysing the written accounts of the participants. Below is an outline of the three free-text questions and the themes encountered in each.

Q1. What did you like most about the session?

The setting of the session

61 (53%) students stated that they liked how the session was set up; either as an entire class (i.e. 2015 session) or as two smaller groups (i.e. 2016 session). This was mainly due to the fact that they appreciated being exposed to the different viewpoints of their peers. They had the choice to either interact or just watch the scenario; they did not feel forced or pressured into making comments. One student wrote,

"For the most part, you weren't forced to comment as a number of us are shy and find it embarrassing or awkward".

The format of the session

58 (50%) participants identified the interactive nature of the session as their favourite part. They found it to be engaging and were glad to be given the opportunity to actively participate, interrupt (i.e. stop and start the action) as well as to give input and receive immediate feedback. This is also evident from the fact that 22 (19%) students insisted that the session was better than a regular lecture.

"I liked that it wasn't just a standard lecture, which kept me interested and able to take a lot away from the session. Having participation from the students is good too, as it makes us really think about it. It's good to hear other people's thoughts on how to break bad news"

Actor-related factors

The participants preferred 'puppeteering' the actors, which allowed them to gain an outsider's perspective and remain objective while they critically appraised the situation from a distance. The actors were praised as adept in improvising students' suggestions quickly and naturally.

"I liked having the actors- easier to see good communication skills or bad skills in a detached situation and to review [the situation] from an outsider's perspective"

Facilitator-related factors

The facilitators' input, advice, perspectives, opinions and reflection on personal experiences were highly regarded by most students. Being clinicians themselves, the facilitators managed to *'bring things back to clinical practice'* as well as *'make it relevant and relatable to clinical reality'* according to the students.

"I enjoyed & thought it was useful for [facilitator] to explain the process […] made it more relevant to clinics"

Q2. What did you like the least? What would you like done differently next time?

Thirty three students (29%) had no negative comments about the session. This was expressed by abstaining from commentary (e.g. leaving it blank or writing N/A), or by positively stating that they liked the session the way it was set up and would not change anything about it.

Group size

Having a large number of students in a single session was criticized multiple times. This was especially the case for the 2015 class, which was present in its entirety. Outspoken members of the class were the ones who seemed to dominate the discussion. Reserved individuals found it hard to speak comfortably in a large group setting when the facilitator tried to involve them in the discussion.

"Chosen speakers. If people want to engage and speak they will, choosing random people can put people on the spot when they are uncomfortable with public speaking"

Repetition

Inviting students to interrupt, make suggestions, stop and start the action, were reported to have made parts of the session repetitive, and the discussion to '*go round in a circle*'. In 2015, it was highly probable that the large number of the group also played a role in that regard (i.e.

many people making similar suggestions). Communication mistakes seemed 'obvious' and 'common sense' to a number of students.

"Lots of people talking over each other with either the same opinion opposite […]"

Q3. What was the most important thing you learned today?

General communication

Students recognized that the difference between their opinions and those of their colleagues means that there is no single method for breaking bad news. Many of them expressed this by reporting that there was not necessarily one right or wrong way since people's opinions differ even when presented with the same clinical situation.

"[…] everyone will address this situation differently as what some people think is the best way to address the issue, others may disagree"

Verbal and non-verbal communication

The answers emphasized the importance of clear explanation; making sure that the patient understands the information being given as well as avoiding technical medical and dental terminology or jargon. Tone of voice and non-verbal cues were observed to influence the situation greatly.

"[…] the patient may misunderstand what you are saying even though you think it was clear"

"Subtle changes to tone of voice, body language [and] communication can make a huge difference to how [the patient] feels"

Management of emotional responses

The vast majority of students remarked that they learned about how to practically demonstrate 'empathy' and 'care' by reassuring, comforting and building rapport with the patient. Variations of listening to the patient, being 'human', 'compassionate' and 'understanding' were also detected in various accounts. There seemed to be a consensus among students on not to 'scare', 'worry' or 'escalate patient's emotions' unnecessarily (i.e. prior to final diagnosis).

"Show that you care. Be honest. Try not to scare [the patient] before [you] actually know if [it's] cancer. If [they] cry, be positive."

Discussion

Findings suggest that the FT session was generally well-received. This confirms previous results which indicate that FT as a simulation method help increase self-reported confidence and communication among learners (17,22,23). The results of exploratory quantitative analysis should be cautiously considered since the sample size is relatively small. That said, the additional qualitative component of the questionnaire complements the quantitative data by further exploring students' responses to the free-text questions.

The students mentioned that they preferred FT as a style of teaching that could hold their attention better than a regular lecture. This reflects the idea of 'internalization' found in Steinker and Bell's taxonomy (24), which means that regardless of the students' preferred learning methods, FT as a teaching approach increases the learners' engagement and reflection (20). Moreover, they highly appreciated the experience since they were given the chance to actively participate instead of passively listen to a lecture on communication. This interactive nature, which is a defining characteristic of FT, is reminiscent of problem-based learning in a number of modern learning theories (25).

This also confirms Mockler's argument that the use of drama as a method for experiential education is suitable since the learners are immersed in the experience (26). As Nissley suggests, FT as a form of interactive drama involves participation, interaction and learning by doing (27). Daines et al. argue that not every student will engage in the discussion if the group is large; which will make the facilitator seem in charge (28). According to Bligh, people who are not talkative may be discouraged from speaking and therefore small number of student per session is advocated (29).

In small groups, the process of learning is not strictly facilitator-directed but it is rather focused on the student-facilitator relationship (30). Within small groups, educators should be sensitive to the students' individual needs depending on the unique context of each situation (31). As previously mentioned, small group setting is considered more suitable for the purposes of reflective, problem-based learning (30). This is due to the complexity of professional medical

communication and is an important requirement for the teaching to be effective. That said, small group dynamics in the context of medical education are not well-explored although they appear frequently in the psychology literature (31).

In this evaluation, students mentioned both positive and negative aspects of group size. The following aspects were viewed in a positive light: exposure to different viewpoints, informal atmosphere, and freedom to participate or abstain from the discussion. Repetition, talkative students dominating the discussion, and quieter students not giving input, were the aspects which the participants viewed negatively. As evident from the written accounts, a number of students did not have the chance to actively participate either by choice or due to other reasons relating to group size. This compromises the effectiveness of the method as a fully immersive simulation. For any demonstrable change or improvement in communication to take place, observation by itself is sub-optimal.

It has been stressed that providing a safe environment for the learners enables them to express their views and emotions with no judgment from their peers or the facilitators (19,20). This allows for deep immersion in the learning experience which has the benefit of engaging mentally and physically in the process, as well as encompassing different styles of learning (22). This experiential component of FT fits well within Kolb's four-stage learning cycle, namely the active 'experimentation stage' as the learners think reflectively and conceptualize abstractly in order to reach a positive conclusion (25). Facilitators and teachers who are trained in Freire's educational approach are essential for this purpose (20).

Andersen-Warren suggested that drama can be used to teach empathy since the learners take into account the non-verbal communication cues of the actors (32). By encouraging the learners to engage with the process, they are motivated to increase their sense of ownership towards the tasks and draw form their own personal or clinical experience; which can be useful in exercising empathy (1,10).

Conclusion

This study shows that learning complex communication skills through FT was viewed positively by 4th year dental students. The FT session was reported to be useful in clinical work and to have contributed towards the participants' confidence and ability in breaking bad news to their patients. Further research is needed to evaluate the long term validity of this teaching method. We suggest a follow-up session in which the students are required to demonstrate said skills and the setting to be evaluated accordingly.

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TABLE 1. Participants' gender distribution in the sample

Gender	N	(%)
Males	34	(30%)
Females	75	(65%)
Unspecified	6	(5%)

TABLE 2. Usefulness of FT session as rated by University of Dundee 4th BDS students

Learning area	Mean	(SD)	Median	Range
Usefulness in clinical work	4.26	(0.79)	4	1-5
Usefulness in increasing confidence in breaking bad news to patients	4.16	(0.78)	4	2-5
Usefulness in increasing ability in breaking bad news to patients	4.06	(0.88)	4	1-5